# SELF-ASSESSMENT SCORECARD PRE-READ V 7.7

## SELF-ASSESSMENT OF YOUR WORKFORCE NUTRITION PROGRAMME'S PERFORMANCE

The **Workforce Nutrition Alliance** is a partnership of business associations and technical experts committed to improving the health and wellbeing of employees. We do this by supporting employers and their supply chains to adopt and expand effective workforce nutrition programmes – initiatives that enhance an employee's access to and knowledge about healthy nutrition, breastfeeding support, and nutrition-focused health checks. We are proud nutrition programmes have reached 6 million workers through our advocacy and technical support, and we are working towards 10 million by 2030.

To support employers through this process, we have developed an implementation support framework that includes the online self-assessment Scorecard, the Guidebook series, and the Masterclass.

Completing our online self-assessment is the first step in this process and will help you to both assess your workforce nutrition programme and identify opportunities for enhancement.

This pre-read document is designed to provide you with the context you need to work through the self-assessment, so that you benefit fully from the process and firmly position your organization to become a workforce nutrition champion.

### How to assess your current programme

The journey towards a comprehensive workforce nutrition programme starts with assessing what your organization is doing right now. Our self-assessment tool is relevant for employers with a single or multiple workplaces and enables you to assess your system-wide performance across different workplace types such as factories, corporate offices, retail stores and warehouses, and across multiple regions.

The scorecard can be filled in by one person for the whole organization, if you only have one workplace, or by multiple people from different workplaces. We recommend that one person collates all the information for each workplace to fill in the scorecard, but the process of gathering the data from relevant departments within your organization may be a team effort. Use this as an opportunity to discuss workforce nutrition with your teams and across offices. Please note that the year of assessment can be chosen, and so you can also submit assessments retrospectively.

### What to do next:

1. Read the data disclaimer form to understand how we may use your anonymised data (see Annex 1).
2. Read through the paper version of the self-assessment in Annex 2 to understand the areas it covers and what information you will need to have ready to complete the process online. A glossary of terms used is available at the end of Annex 2.
3. Collect the required information across your organization (avoid using guestimates to receive the most accurate results).
4. Sign up on our website to access the online self-assessment tool.
5. Fill in the required information electronically through the online platform. You will be able to save data as you go and pause while you fill it in in case you need to follow up on any data.
6. Submit the self-assessment and receive your scorecard results by email.

### How your self-assessment results will help you enhance your workforce nutrition programme

You can use your results to set enhancement goals for your workforce nutrition programme and make a public commitment if you choose.

To help you set goals and advance more easily towards becoming a workforce nutrition champion, we have created a four-level system with corresponding scores to aim for:

- Beginner (0 – 25)
- Bronze (26 – 50)
- Silver (51 – 75)
- Gold (76 – 100)

## Here are some simple steps to take:

1. Understand your starting point. Ideally, an organization should have a balanced performance across the four areas of workforce nutrition: healthy food at work, nutrition education, nutrition-related health checks, and breastfeeding support.

2. Reflect on your score. Review your self-assessment results to identify areas for enhancement and advance your program to the next level. Look for different patterns if you have multiple worksites and get inspiration from each other.

3. Identify the scope and scale of enhancements you could make. Some organizations might find it more feasible to gain points by broadening the program's scale and depth across all pillars while others may benefit from starting with a few key areas and expanding over time.

4. Look for action-oriented support. Your scorecard results will include recommendations. To get started on your own, you can review the Guidebook series. Additionally, explore our Workforce Nutrition Masterclass on our website and consider joining the upcoming cohort.

5. Set your level of ambition. Finally, set internal targets that align with your goals for improving your workforce nutrition program. Use the scorecard annually to assess and compare your current status. Consider making a public commitment to gain recognition for your efforts and track your progress towards achieving your objectives.

**For questions contact:**

workforcenutrition@gainhealth.org  or  hs@theconsumergoodsforum.com

# Annex 1: DATA DISCLAIMER
## Acceptance of Terms of Use of Organization's data

Welcome to the Workforce Nutrition Alliance ("**Alliance**"), launched by the Consumer Goods Forum ("**CGF**") and the Global Alliance for Improved Nutrition ("**GAIN**") to support employers and their supply chains to adopt and expand workforce nutrition programmes (the "**Alliance's Objectives**"). The Alliance works on a series of indicators to assess the performance of employers on workforce nutrition programmes. GAIN regards cooperation and general support from employers (businesses, governments, civil society, etc.) as crucial to the ultimate success of the Project.

## 1.  DEFINITIONS

1.1  As part of your engagement with the Workforce Nutrition Alliance, you may complete a self-assessment and provide certain information about your organization which might be specific non-public information (the "**Organization"**), ("**Organization Data**").

1.2  The Organization Data will be used by GAIN and CGF to (a) generate a scorecard to determine how well the Organization is performing in workforce nutrition programmes; and (b) to report publicly on the indicators and conclusions of the self-assessment to track and report on the Alliance's Objectives (the "**Permitted Purpose**").

## 2.  NON-DISCLOSURE OF CONFIDENTIAL INFORMATION

2.1  You shall not transfer to GAIN any data from the Organization other than the one GAIN is authorized to hold and use for the Permitted Purpose. We invite you to contact us immediately at workforcenutrition@gainhealth.org if you consider that some level of information required for the self-assessment questionnaire is of a confidential nature ("**Confidential Data**") and shall not be used for the Permitted Purpose. You acknowledge that the scorecard result might not be accurate in the absence of some Organization Data.

2.2  If in the event that Confidential Data is mistakenly shared with GAIN, you shall contact us immediately to request its deletion.

## 3.  USE OF ORGANIZATION DATA

3.1  GAIN commits to (a) hold and use the Organization Data only for the Permitted Purpose and to (b) inform GAIN employees working as part of the Alliance of the terms of use.

3.2  No Organization - level data will be shared publicly (only with CGF) unless explicit written consent is obtained.

3.3  Publicly shared data will only appear in aggregate form (of no less than 5 companies in any given category to prevent identifiers) to track and report on the Alliance's Objectives.

3.4  GAIN and CGF may create data derived from the Organization's Data, such as rating and statistical analysis, including the presentation of aggregated and anonymous information("Derived Data"). The Derived Data shall not be subject to any restrictive use as long as it is used within the framework of the Alliance's Objectives.

3.5  The Organization data remains property of the Organization. All rights of whatever nature in or to Organization Data, including all intellectual property rights, are reserved by, and  will remain the exclusive property of the Organization. Its disclosure shall not be construed as  a  grant  of  any  rights under any patent or copyright owned or controlled by the Organization to GAIN.

3.6  You warrant that the Organization Data is accurate and complete and that you hold all rights and licenses to validly transfer this Data to GAIN.

3.7   No usage restriction shall apply to:

    3.7.1   Publicly accessible information about the Organization

    3.7.2   Information which becomes rightly known without confidential or proprietary restriction from a source other than the Organization; or

    3.7.3   Information which is approved by the Organization for disclosure without restrictions; or

    3.7.4   Information lawfully in the possession of GAIN prior to disclosure from the Organization; or

    3.7.5   Is required to be disclosed pursuant to order of a court of competent jurisdiction, administrative agency or governmental body or as compelled by law.

## 4.  EFFECTIVE DATE AND RETURN OF INFORMATION

4.1   The authorization to use the Organization Data shall take effect from the date of acceptance of the terms by a duly authorized representative of the Organization.

4.2   At any point during or after the use of the scorecard a user can request that the data be returned and deleted from GAIN's records.

## 5.  MISCELLANEOUS

By accepting the terms set out above, you hereby confirm on behalf of the Organization that (a) you have full rights and authority to represent and bind the Organization; and (b) you have read and understood the terms under which the Organization Data will be processed; and (c) hereby authorize GAIN to process and publish the Organization Data and conclusions based on said data for the Permitted Purpose.

Any dispute arising out of related to the use of the Organization Data shall be governed by the  laws of Switzerland and if not settled amicably, be resolved exclusively by the courts of Switzerland.

# Annex 2: Paper version of the Scorecard

## 1. NUTRITION EDUCATION (20 POINTS)

Scorecard with categories and points per question

| Categories | | | 1 Point | 2 Points | 3 Points |
|---|---|---|---|---|---|
| **Quality** | **Scope** | **Extensiveness** | Credible, understandable, and actionable information about nutrition is shared through at least 3 accessible materials (e.g. poster, videos, booklets). | An intensive behaviour change campaign focused around key messages relevant to the worker population using at least two channels (e.g. group trainings online or offline, community mobilization, support groups). | Behaviour change campaign incorporates socio-ecological models of behaviour change and includes interpersonal communication (online or offline). |
| | **Worker engagement** | **Participation** | The information shared consists of an adaptation of standardized materials that are tailored to workforce | The education strategy and materials are designed by experts and tailored to workforce demographics and social situation. | The education strategy and materials co-designed by experts and workers from inception, and tailored to workforce demographics and social situation |
| **Quantity** | **Availability** | **Availability** | Education programme or campaign available to 50-75% of workers | Education programme or campaign available to at least 75% of workers. | Education programme or campaign available to at least 75% of workers, and some elements of the programme available to family members and workers. |
| | **Accessibility** | **Affordability** | Workforce acquires education/trainings at subsidized cost (within affordability range). | Workforce acquires education/trainings free of cost. | |
| | | **Proximity** | Programme facilitated by employer is offered outside the workplace or outside of compensated working hours (i.e. worker can access the materials or training from home, or in a third-party facility on their own time). | Programme facilitated by employer is offered outside the workplace during compensated working hours. | Programme facilitated by employer is offered inside the workplace during compensated working hours |
| **Strategy** | **M&E** | **KPIs** | Yes, KPIs are identified to measure the progress and impact of education programmes. | | |
| | | **Impact measurement** | At least at output-level (e.g number of workers reached) and reported on regularly. | At outcome-level (e.g. improved knowledge or practices) as per recommended standardized and validated indicators and reported regularly. | Measured at outcome-level, and evaluated by 3rd party assessment with ethical approval from an Institutional Review Board (IRB) and shared externally. |
| | **Policy** | **Longevity** | Integrated into a basic policy and programme that lasts at least for one quarter of the year. | Integrated into a board approved policy, regularly refreshed. | |

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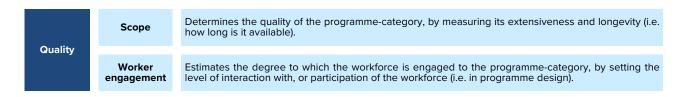**Definition of a Nutrition Education programme**

Nutrition education programmes aim to change the nutrition and/or lifestyle behaviors of employees through increasing employees' knowledge of beneficial health habits. Nutrition education may act on several levels, including: (1) changing attitudes towards a specific behavior; (2) addressing normative beliefs (i.e., the perceived norm); (3) modifying beliefs about self-control and the ability to change. Interventions often work through groups with methods such as cooperative menu planning, dissemination of educational materials, interactive information sessions and workshops; an alternative approach is one-to-one counselling.

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Do you have a programme that fits within the realm of the above definition?

- o   YES

- o   NO

QUALITY

*This section will help you assess the nutrition education programme based on the following two criteria:*

| Quality | Scope | Determines the quality of the programme-category, by measuring its extensiveness and longevity (i.e. how long is it available). |
|---|---|---|
| | Worker engagement | Estimates the degree to which the workforce is engaged to the programme-category, by setting the level of interaction with, or participation of the workforce (i.e. in programme design). |

1. Which of these statements best describes your *nutrition education* programme? Please check the applicable answer.

    - o   Credible, understandable, and actionable information about nutrition is shared through at least 3 accessible materials (e.g. posters, videos, booklets).

    - o   An intensive behaviour change campaign focused around key messages on nutrition relevant to the worker population is disseminated using at least two channels (e.g. group trainings online or offline, community mobilization, support groups).

    - o   The programme is a behaviour change campaign that incorporates socio-ecological models of behaviour change on nutrition and includes interpersonal communication (online or offline).

    - o   None of the above, not applicable or data unavailable (Skip to next thematic area).

2. Which of these statements best describes how *your educational material is developed or used*?

    - o   The information shared consists of an adaptation of standardized materials that are tailored to workforce.

    - o   The education strategy and materials are designed by experts and tailored to workforce demographics and social situation.

    - o   The education strategy and materials are co-designed by experts and workers from inception and tailored to workforce demographics and social situation.

    - o   None of the above, not applicable or data unavailable.

## QUANTITY

*This section will help you assess the nutrition education programme based on the following two criteria:*

| Quantity | Availability | Assesses if and to what extent a programme-category is available or present within the employer's organization, e.g. the % coverage of employees it is available for. |
|---|---|---|
| | Accessibility | Assesses the degree to which the programme-category is accessible to the workforce, by measuring the affordability and proximity to the workplace. |

3. To what percentage of your workforce* is the programme available?

   o Education programme or campaign available to 50-75% of workers.

   o Education programme or campaign available to at least 75% of workers.

   o Education programme or campaign available to at least 75% of workers, and some elements of the programme are available to family members of workers.

   o None of the above, not applicable or data unavailable.

4. Which of these statements best describes the affordability to workers of the programme?

   o Workforce acquires education/training at subsidized cost (within affordability range).

   o Workforce acquires education/trainings free of cost.

   o None of the above, not applicable or data unavailable.

5. Which of these statements best describes the proximity nutrition education programme?

   o Programme facilitated by employer is offered outside the workplace or outside of compensated working hours (i.e. workers can access the materials or training from home, or in a third-party facility on their own time).

   o Programme facilitated by employer is offered outside the workplace during compensated working hours.

   o Programme facilitated by employer is offered inside the workplace during compensated working hours.

   o None of the above, not applicable or data unavailable.

## STRATEGY

*This section will help you assess the nutrition education programme based on the following two criteria:*

| Strategy | Monitoring & Evaluation | Measures if and how an employer has operationalized the strategy into Key Performance Indicators (KPIs), and the extent to which this is being measured over time. |
|---|---|---|
| | Policy | Indicates whether the programme is integrated into company policy, and the extent to which it is prioritized. |

6. Do you have indicators to measure the progress or impact of this programme?

   o Yes, KPIs are identified to measure the progress and impact of the nutrition education programme.

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*Total direct employees in all workplaces (e.g. office, factories, farms, distribution unit) covered by this assessment.

- o   None of the above, not applicable or data unavailable.

7.  If applicable, which of the following best describes the level at which you measure your programme?

- o   Yes, measured at least at **output-level** (e.g., number of workers reached) and reported on regularly.

- o   Yes, measured at **outcome-level** (e.g., improved knowledge or practices) as per recommended standardized and validated indicators and reported regularly.

- o   Yes, measured at **outcome-leve**l, evaluated by 3rd party assessment with ethical approval from an Institutional Review Board (IRB) and shared externally.

- o   None of the above, not applicable or data unavailable.

8.  To what extent is your programme integrated into the workplace or organization policy?

- o   Integrated into a basic policy and programme that lasts at least for one quarter ofthe year.

- o   Integrated into a board approved policy, regularly refreshed.

- o   None of the above, not applicable or data unavailable.

## 2. NUTRITION-RELATED HEALTH CHECKS AND FOLLOW-UP (20 POINTS)

Scorecard with categories and points per question

| Categories | | | 1 Point | 2 Points | 3 Points |
|---|---|---|---|---|---|
| **Quality** | Scope | Extensiveness-screening | Workers have access to basic health checks which offer measures of at least 2 indicators (e.g. weight, BMI, blood pressure). (BONUS POINT: 0.5 for additional screening for pregnant women (including full blood count) as relevant) | Workers have access to improved health checks which offer measures of at least 4 most relevant diet indicators screened for including at least 3 of the following (weight, BMI, blood pressure, blood sugar, cholesterol, haemoglobin, and/or any population relevant micronutrient deficiency). | |
| | | Longevity | Health checks and/or follow- up are provided at least every two years to workers. | Health checks and/or follow-up are provided at least annually to workers | |
| | Worker engagement | Interaction | Follow up includes relevant tailored interactive resources are provided to the employee after the health checks. | Follow-up includes counselling with a specialized health counsellor or nutritionist. | Follow-up includes counselling with a full dietary assessment performed by a nutritionist/ dietician |
| **Quantity** | Availability | Reach | The programme is made available on a voluntary and confidential basis to 50-75% of the workforce. | The programme is made available on a voluntary and confidential basis to 75-100% of the workforce. | The programme is made available on a voluntary and confidential basis to at least 75% of workers, and some elements of the programme available to family members of employees. |
| | Accessibility | Affordability-screening | Workforce is able to acquire health checks at subsidized cost (within affordability range) and during working hours. | Workforce is able to acquire health checks free of cost and during working hours. | |
| | | Affordability-counselling | Workforce is able to acquire follow up counselling at subsidized cost (within affordability range) and during working hours. | Workforce is able to acquire follow up counselling free of cost and during working hours. | |
| **Strategy** | Monitoring & Evaluation | KPIs | Yes, KPIs are identified to measure the progress and impact of the health checks and counselling programme. | | |
| | | Impact measurement | At least at output-level (e.g. number of workers with access to the programme) and reported on regularly. | Measured at outcome-level (e.g. number of workers participating in the programme) as per recommended standardized and validated indicators, provided data is managed by a third-party to ensure employee anonymity to employer, and reported regularly. | At outcome-level and evaluated by 3rd party assessment with ethical approval from an Institutional Review Board (IRB) and shared externally. |
| | Policy | Longevity | Integrated into a basic policy. | Integrated into a board approved policy, regularly refreshed. | |

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**Definition of Nutrition related health checks and follow-up**

Nutrition-related health checks are confidential and periodic one-to-one meetings with a health or nutrition professional in order to assess, and usually discuss, the employee's nutritional health. Health checks provide personalised data for each employee, giving them a better understanding of their nutritional risk factors. These health checks may include cholesterol and/or blood-pressure screenings, or weight monitoring andclassification (for example using Body Mass Index (BMI) to assess whether an employee is underweight, overweight, or obese). Individual counselling can be coupled with health checks to help devise lifestyle change strategies and follow up counselling can support employees to track their progress towards nutrition-related goals.

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Do you have a programme that fits within the realm of the above definition?

- o   YES

- o   NO (skip to next thematic area)

QUALITY

*This section will help you assess nutrition related health checks and follow-up programme based on the following two criteria:*

| Quality | Scope | Determines the quality of the programme-category, by measuring its extensiveness and longevity (i.e. how long is it available). |
|---|---|---|
| | Worker engagement | Estimates the degree to which the workforce is engaged to the programme-category, by setting the level of interaction with, or participation of the workforce (i.e. in programme design). |

1.  Which of these statements best describes your *nutrition related health checks and follow-up* programme? Please check the applicable answer.

    - o   Workers have access to basic health checks which offer measures of at least 2 indicators (e.g. weight, BMI, blood pressure) as relevant.

    - o   Workers have access to basic health checks which offer measures of at least 2 indicators (e.g. weight, BMI, blood pressure) AND additional screening for pregnant women (including full blood count) as relevant.

    - o   Workers have access to improved health checks which offer measures of at least 4 most relevant diet indicators screened for including at least 3 of the following (weight, BMI, blood pressure, blood sugar, cholesterol, haemoglobin, and/or any population relevant micronutrient deficiency).

    - o   None of the above, not applicable or data unavailable (skip to next thematic area).

2.  Which of these statements best describes the frequency at which health checks are made available to workers? Please check the applicable answer.

    - o   Health checks and/or follow-up are provided at least every two years to workers.

    - o   Health checks and/or follow-up are provided at least annually to workers.

3.  Which of these statements best describes the type of follow-up or counselling offered to workers? Please check the applicable answer.

    - o   Follow up includes relevant tailored interactive resources are provided to the employee after the health checks.

    - o   Follow-up includes counselling with a specialized health counsellor or nutritionist.

- o Follow-up includes counselling with a full dietary assessment performed by a nutritionist/dietician.

- o None of the above, not applicable or data unavailable.

## QUANTITY

*This section will help you assess the nutrition related health checks and follow-up programme based on the following two criteria:*

| Quantity | Availability | Assesses if and to what extent a programme-category is available or present within the employer's organization, e.g. the % coverage of employees it is available for. |
| --- | --- | --- |
| | Accessibility | Assesses the degree to which the programme-category is accessible to the workforce, by measuring the affordability and proximity to the workplace. |

4. To what percentage of your workforce* is the programme available to?

- o The programme is made available on a voluntary and confidential basis to 50-75% of the workforce.

- o The programme is made available on a voluntary and confidential basis to 75-100% of the workforce.

- o The programme is made available on a voluntary and confidential basis to at least 75% of workers, and some elements of the programme available to family members of employees.

- o None of the above, not applicable or data unavailable.

5. Which of these statements best describes the affordability to workers of the health-checks?

- o Workforce is able to acquire health checks at subsidized cost (within affordability range) and during working hours.

- o Workforce is able to acquire health checks free of cost and during working hours.

- o None of the above/ not applicable.

6. Which of these statements best describes the affordability to workers of the counselling?

- o Workforce is able to acquire follow up counselling at subsidized cost (within affordability range) and during working hours.

- o Workforce is able to acquire follow up counselling free of cost and during working hours.

- o None of the above, not applicable or data unavailable.

## STRATEGY

*This section will help you assess the nutrition related health checks and follow-up programme based on the following two criteria:*

| Strategy | Monitoring & Evaluation | Measures if and how an employer has operationalized the strategy into Key Performance Indicators (KPIs), and the extent to which this is being measured over time. |
| --- | --- | --- |
| | Policy | Indicates whether the programme is integrated into company policy, and the extent to which it is prioritized. |

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*total direct employees in all workplaces (e.g. office, factories, farms, distribution unit) covered by this assessment.

7. Do you have indicators to measure the progress or impact of this programme?

    o Yes, KPIs are identified to measure the progress and impact of the health checks and counselling programme

    o None of the above, not applicable or data unavailable

8. If you answered yes, which of the following best describes the level at which you measure your programme?

    o Yes, measured at least at **output-level** (e.g. number of workers with access to the programme) and reported on regularly

    o Yes, measured at **outcome-level** (e.g. number of workers participating in the programme) as per recommended standardized and validated indicators, provided data is managed by a third-party to ensure employee anonymity to employer, and reported regularly

    o Yes, measured at **outcome-leve**l, evaluated by 3rd party assessment with ethical approval from an Institutional Review Board (IRB) and shared externally

    o None of the above, not applicable or data unavailable

9. To what extent is your programme integrated into the workplace or organization policy?

    o Integrated into a basic policy

    o Integrated into a board approved policy, regularly refreshed

    o None of the above, not applicable or data unavailable

## 3. HEALTHY FOOD AT WORK (30 POINTS)

Scorecard with categories and points per question

| Categories | | | 1 Points | 2 Points | 3 Points |
|---|---|---|---|---|---|
| **Quality** | Scope | Extensiveness* | >50% of foods and drink items provided fall in the GREEN category and <20% RED in the red category | **In catering:** >60% of food and drink items provided fall in the GREEN category and <10% in the RED category. **In vending or retail:** >60% of foods items provided fall in the GREEN category and <20% of food items fall in the RED category | **In catering:** >70% of food and drink items provided fall in the GREEN category and 0% fall in the RED category. **In vending or retail:** >70% of food items provided fall in the GREEN category and <10% of food items fall in RED category (BONUS POINT:1) |
| | Worker engagement | Interaction | Nutrition information of food and drink options available at the point of purchase/consumption. | Active promotion (product placement/nudging, etc.) of nutritious and safe foods and drinks at the point of purchase/consumption, in addition to nutrition information. | |
| | | Participation | The programme is standardized and tailored to the workforce (socio-cultural background and/or demographics) in your specific work setting | The programme is designed specifically for the workforce, and feedback is regularly reviewed and incorporated to shape the food provision. | |
| **Quantity** | Availability | Availability (Snacks) | Nutritious and safe snacks made available during all meetings or events. | Nutritious and safe snacks made available to workers at least three days a week. | |
| | | Availability (Meals) | Nutritious and safe meals made available during all meetings or events. | Nutritious and safe meals available to staff three days a week. | Nutritious and safe meals are available to staff every day of week. |
| | | Reach | 50 to 75% of workers | Above 75% of workers | 100% of workers (BONUS POINT:1) |
| | Accessibility | Affordability | Workforce acquires food at subsidized cost (if availability score o f snacks or meals>1) | Workforce acquires snacks free of cost (if availability score of snacks>1) | Workforce acquires meals free of cost (if availability score of meals>2) (BONUS POINTS: 2) |
| | | Proximity | Nutritious and safe snacks or meals are available outside the workplace but by a service contracted by the employer | Nutritious and safe snacks or meals are available within the workplace | |
| **Strategy** | Monitoring & Evaluation | KPIs | Yes, SMART KPIs are identified to measure the progress and impact of healthy food at work programmes. | | |
| | | Impact measurement | At least at output-level (e.g. number of workers with access to nutritionally improved meals ) and reported regularly | At outcome-level (e.g. number of workers consuming nutritionally improved meals) as per recommended standardized and validated indicators and reported regularly | At outcome-level, and evaluated by 3rd party assessment with ethical approval from an Institutional Review Board (IRB) and shared externally |
| | Policy | Longevity | Integrated into a basic policy. | Integrated into a board approved policy, regularly refreshed. | |

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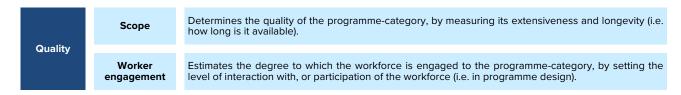**Definition of Healthy Food at Work programmes**

These are programmes which focus on increasing employees' access to healthy and safe foods at work. Employers may provide healthy food for free, with a subsidy, or at full cost to the employee. These programmes change the food environment of the workplace, which can include the provision of healthier canteen meals, snack offerings, vending machine options, or more balanced portion sizes. All of these shape people's access to nutritious foods and encourage healthier choices.

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Do you have a programme that fits within the realm of the above definition?

- o   YES

- o   NO (skip to next thematic area)

QUALITY

*This section will help you assess the healthy food at work programme based on the following two criteria:*

| Quality | | |
|---|---|---|
| | **Scope** | Determines the quality of the programme-category, by measuring its extensiveness and longevity (i.e. how long is it available). |
| | **Worker engagement** | Estimates the degree to which the workforce is engaged to the programme-category, by setting the level of interaction with, or participation of the workforce (i.e. in programme design). |

1.  Which of these statements best describes the description of the food and drink items made available to workers through catering, vending, and/ or retail? Please check the applicable answer.

    *To answer this question, we recommend you download our food and drink assessment checklist*

    - o   More than 50% of all foods and drink items provided fall in the GREEN category and less than 20% in the RED category.

    - o   **In catering:** More than 60% of food and drink items provided fall in the GREEN category and less than 10% in the RED category. **In vending or retail:** More than 60% of foods items provided fall in the GREEN category and less than 20% of food items fall in the RED category.

    - o   **In catering:** More than 70% of food and drink items provided fall in the GREEN category and 0% fall in the RED category. **In vending or retail:** More than 70% of food items provided fall in the GREEN category and less than 10% of food items fall in the RED category.

    - o   None of the above, not applicable or data unavailable.

2.  Which of these statements best fits the way food and drink items are being provided or served in your organization?

    - o   Nutrition information of food and drink options available at the point of purchase/consumption.

    - o   Active promotion of nutritious and safe foods and drinks at the point of purchase/consumption (product placement/nudging etc.), in addition to nutrition information.

    - o   None of the above, not applicable or data unavailable

3.  Which of these statements best fits your healthy food at work programme design and

implementation?

- o The programme is standardized and tailored to the workforce (socio-cultural background and/or demographics) in your specific work setting.

- o The programme is designed specifically for the workforce, and feedback is regularly reviewed and incorporated to shape the food provision.

- o None of the above, not applicable or data unavailable

## QUANTITY

*This section will help you assess the healthy food at work programme based on the following two criteria:*

| Quantity | Availability | Assesses if and to what extent a programme-category is available or present within the employer's organization, e.g. the % coverage of employees it is available for. |
| --- | --- | --- |
| | Accessibility | Assesses the degree to which the programme-category is accessible to the workforce, by measuring the affordability and proximity to the workplace. |

4. "Which of these statements best fits the frequency at which snacks are made available to workers? (*check the glossary for the definition of nutritious and safe snacks*)

   - o Nutritious and safe snacks made available during all meetings or events.

   - o Nutritious and safe snacks made available to workers at least three days a week.

   - o None of the above, not applicable, or data unavailable.

5. "Which of these statements best fits the frequency at which meals are made available to workers? (*check the glossary for the definition of a nutritious and safe meal*)

   - o Nutritious and safe meals made available during all meetings or events.

   - o Nutritious and safe meals available to staff at least three days a week.

   - o Nutritious and safe meals are available to staff every day of the week.

   - o None of the above, not applicable, or data unavailable.

6. To what percentage of your workforce[*] is any element of your healthy food at work programme available?

   - o 50% to 75% of workers

   - o Above 75% of workers

   - o 100% of workers

   - o None of the above, not applicable or data unavailable

7. Which of these statements best describes the affordability to workers of the programme?

   - o Workforce acquires regular nutrition and safe snacks or meals (not just at events or meetings) at subsidized cost. (If availability score of snacks or meals >1)

   - o Workforce acquires regular nutritious and safe snacks (not just at events or meetings) free of cost. (If availability score of snacks >1)

   - o Workforce acquires regular nutritious and safe meals (not just at events or meetings) free of cost. (If availability score of meals >2)
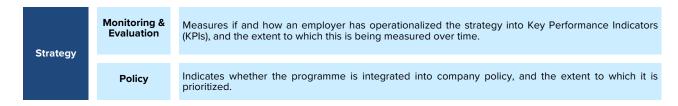
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[*]total direct employees in all workplaces (e.g. office, factories, farms, distribution unit) covered by this assessment.

- o   None of the above, not applicable or data unavailable

8. Which of these statements best fits the proximity of the healthy food at work programme?

- o   Nutritious and safe snacks or meals are available outside the workplace but by a service contracted by the employer

- o   Nutritious and safe snacks or meals are available within the workplace

- o   None of the above, not applicable or data unavailable

STRATEGY

*This section will help you assess the healthy food at work programme based on the following two criteria:*

| Strategy | Monitoring & Evaluation | Measures if and how an employer has operationalized the strategy into Key Performance Indicators (KPIs), and the extent to which this is being measured over time. |
| --- | --- | --- |
| | Policy | Indicates whether the programme is integrated into company policy, and the extent to which it is prioritized. |

9. Do you have indicators to measure the progress or impact of this programme?

- o   Yes, KPIs are identified to measure the progress and impact of the healthy food at work programme

- o   None of the above, not applicable or data unavailable

10. If applicable, which of the following best describes the level at which you measure your programme?

- o   Yes, measured at least at **output-level** (e.g. number of workers with access to nutritionally improved meals) and reported on regularly

- o   Yes, measured at **outcome-level** (e.g. number of workers consuming nutritionally improved meals) as per recommended standardized and validated indicators and reported regularly

- o   Yes, measured at **outcome-leve**l, evaluated by 3rd party assessment with ethical approval from an Institutional Review Board (IRB) and shared externally

- o   None of the above, not applicable or data unavailable

11. To what extent is your programme integrated into the workplace or organization policy?

- o   Integrated into a basic policy.

- o   Integrated into a board approved policy, regularly refreshed.

- o   None of the above, not applicable or data unavailable

## 4. BREASTFEEDING SUPPORT (30 points)
Scorecard with categories and points per question

| Category | | | 1 point | 2 points | 3 points |
|---|---|---|---|---|---|
| **Quality** | **Scope** | **Availability (time)** | At least 30 mins of paid breastfeeding (support) break time per day during working hours in accordance with local laws. | Two dedicated, paid 30-minute breaks per day during working hours, or at least one hour of paid break time. | At least 3 dedicated, paid 30- minute breaks per day during working hours, and/or flexible working time and location |
| | | **Availability (space)** | Private non-dedicated breastfeeding support spaces with basic breastmilk storage equipment (refrigerator/cool storagespace) and hand washing sink nearby. | Private, dedicated breastfeeding support rooms (minimum size 6m²) with breastmilk storageequipment and hand washing sink inside the room. | Private, dedicated breastfeeding support rooms (minimum size 6m²) with breastmilk storage equipment and hand washing sink inside the room + comfortable seating |
| | | **Longevity (maternity leave)** | 18 weeks maternity leave postpartum with at least 2/3 pay for all employees (ILO recommendation 191) | 19 weeks up to 6 months maternity leave with at least 2/3 pay | At least 6 months maternity leave at least 2/3 pay (BONUS POINT: 1 for full pay) |
| | | **Longevity (parental leave*)** | Additional 2 weeks of paid parental leave (on top of local requirement) | Additional 2 months of paid parental leave (on top of local requirement) | - |
| | | **Longevity (non-dismissal)** | No dismissal from pregnancy notification until 1-month after returning from maternity leave, OR compliance with national legislation (whichever is most advantageous for breastfeeding mothers). | No dismissal during pregnancy, whilst on maternity leave or nursing child until 12 months old | |
| | **Worker engagement** | **Participation** | All line management is sensitized to the breastfeeding support program and global breastfeeding recommendations and new employees receive HR orientation. | All staff sensitized to the breastfeeding support program and global breastfeeding recommendation, and new employees receive HR orientation. | Female employees engaged in development of breastfeeding support program, all staff sensitized to program and global breastfeeding recommendations, and new employees received HR orientation. |
| **Quantity** | **Availability** | **Reach (Dedicated breastfeeding spaces)** | Private spaces and breaks to breastfeed or express breastmilk are available to 50-75% of all actively breastfeeding employees for two years and beyond. | Private spaces and breaks to breastfeed or express breastmilk are available to at least 75% of all actively breastfeeding employees for two years and beyond. | |
| | | **Reach (Parental leave*)** | Improved maternity leave available to at least 50% of eligible employees. | Improved maternity leave available to 100% of eligible employees. | Improved parental* and maternity leave available to all employees. |
| | **Accessibility** | **Proximity (breastfeeding spaces)** | Within 10 min walk from the workplace (space made available by employer). | Available in the workplace. | |
| **Strategy** | **Monitoring & Evaluation** | **KPIs** | Yes, KPIs are identified to measure the progress and impact of breastfeeding support programmes. | | |
| | | **Impact measurement** | Yes, measured at output-level (on Quantity and Quality criteria below) and reported regularly. | Yes, measured at outcome-level as per recommended standardized and validated indicators, provided data is managed by a third-party to ensure employee anonymity to employer, and reported regularly. | Yes, measured at outcome-level, and evaluated by 3rd party assessment with ethical approval from an Institutional Review Board (IRB) and shared externally. |
| | **Policy** | **Longevity** | Integrated into a basic policy. HR policies reviewed and adapted to accommodate breastfeeding support measures. | Integrated into a board approved policy, regularly refreshed. HR policies reviewed and adapted to accommodate breastfeeding support measures. | |

*Please check the definition for parental leave in the glossary of terms at the end of this document

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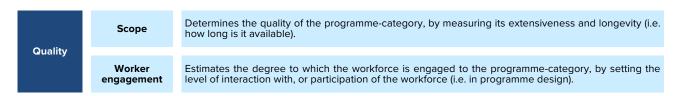
**Definition of Breastfeeding Support programmes**

Workplace breastfeeding support includes company programmes or policies which enable working mothers to breastfeed exclusively for 6 months and continually up to 2 years. Such programmes can include: respecting or exceeding national laws on duration of paid maternity leave (ensuring 6 months minimum); providing an appropriate place and time to express/pump milk during work hoursand providing options for working mothers such as on-site child care and flexible work schedules. Some programmes include creating nutrition-based awareness or educational campaigns for mothers and co-workers on the importance of breastfeeding.

</div>

Do you have a programme that fits within the realm of the above definition?

- YES
- NO (skip to next thematic area / end of assessment)

QUALITY

*This section will help you assess the breastfeeding support programme based on the following two criteria:*

| | | |
|---|---|---|
| **Quality** | **Scope** | Determines the quality of the programme-category, by measuring its extensiveness and longevity (i.e. how long is it available). |
| | **Worker engagement** | Estimates the degree to which the workforce is engaged to the programme-category, by setting the level of interaction with, or participation of the workforce (i.e. in programme design). |

*Please note that the following criteria is aligned with ILO recommendation 191, and ILO convention 183 (health protection, maternity leave, leave for illness, non-discrimination, paid breaks, flexible hours, non-dismissal).*

1. Which of these statements best describes the breaks allocated to workers as part of the breastfeeding support programme? Please check the applicable answer.

   - At least 30 mins of paid breastfeeding (support) break time per day during working hours in accordance with local laws.
   - Two dedicated, paid 30-minute breaks per day during working hours, or at least one hour of paid

     break time.
   - At least three dedicated, paid 30-minute breaks per day during working hours, and/or flexible working time and location.
   - None of the above, not applicable or data unavailable

2. Which of these statements best describes the space(s) available to workers as part ofthe breastfeeding support programme? Please check the applicable answer.

   - Private non-dedicated breastfeeding support spaces with basic breastmilk storage equipment (refrigerator/cool storage space) and hand washing sink nearby.

   - Private, dedicated breastfeeding support rooms (minimum of size 6m$^2$) which contain (in-room) both breastmilk storage equipment and a hand washing sink.

   - Private, dedicated breastfeeding support rooms (minimum of size 6m$^2$) which contain (in-room) comfortable seating, breastmilk storage equipment and a hand washing sink.

o   None of the above, not applicable or data unavailable.

3.  Which of these statements best describes your maternity leave available to workers in this location as part of the breastfeeding support programme? Please check the applicable answer.

   o   Minimum 18 weeks postpartum maternity leave with at least 2/3 salary for all employees (ILO recommendation 191).

   o   Between 19 weeks to 6 months maternity leave with at least 2/3 salary.

   o   Minimum of 6 months maternity leave with at least 2/3 salary.

   o   Minimum of 6 months maternity leave at 100% salary.

   o   None of the above, not applicable or data unavailable.

4.  Which of these statements best describes your parental leave available to workers in this location as part of the breastfeeding support programme? Please check the definition of parental leave in the glossary of terms and check the applicable answer.

   o   Additional 2 weeks of paid parental leave (on top of local requirement)

   o   Additional 2 months of paid parental leave (on top of local requirement)

   o   None of the above, not applicable or data unavailable

5.  Which of these statements best describes your non-dismissal policy applicable to workers in this location as part of the breastfeeding support programme? Please check the applicable answer.

   o   No dismissal from pregnancy notification until 1-month after returning from maternity leave, OR compliance with national legislation (whichever is most advantageous for breastfeeding mothers).

   o   No dismissal during pregnancy, whilst on maternity leave or nursing child until 12 months old

   o   None of the above, not applicable or data unavailable.

6.  Which of these statements best describes the extent to which the workers are engaged in the breastfeeding support programme?

   o   All line management is sensitized to the programme and global breastfeeding recommendations; new employees receive the information during HR orientation.

   o   All staff are sensitized to the programme and global breastfeeding recommendations; new employees receive programme information during HR orientation.

   o   Female employees are engaged in the development of the breastfeeding support programme and all staff are sensitized to the programme and global breastfeeding recommendations; new employees receive programme information in HR orientation.

   o   None of the above, not applicable or data unavailable.

## QUANTITY

*This section will help you assess the breastfeeding support programme based on the following two criteria:*

| Quantity | Availability | Assesses if and to what extent a programme-category is available or present within the employer's organization, e.g. the % coverage of employees it is available for. |
|---|---|---|

| | Accessibility | Assesses the degree to which the programme-category is accessible to the workforce, by measuring the affordability and proximity to the workplace. |
|---|---|---|

7. To what percentage of your workforce* is the workplace breastfeeding support programme available?

- o Private spaces and breaks to breastfeed or express breastmilk are available to 50-75% of all actively breastfeeding employees for two years and beyond.

- o Private spaces and breaks to breastfeed or express breastmilk are available to at least 75% of all actively breastfeeding employees for two years and beyond.

- o None of the above, not applicable or data unavailable.

8. To what percentage of your workforce is the aforementioned maternity and parental leave policy available to? Please check the definitions of improved maternity and parental leave in the glossary of terms and check the applicable answer.

- o Improved maternity leave is available to at least 50% of eligible employees.

- o Improved maternity leave is available to all eligible employees.

- o Improved parental and improved maternity leave are available to all employees.

- o None of the above, not applicable or data unavailable.

9. Which of these statements best describes the proximity of the breastfeeding support spaces available to the workforce?

- o Within 10 min walk from the workplace (space made available by employer).

- o Available in the workplace.

- o None of the above, not applicable or data unavailable

## STRATEGY

*This section will help you assess the breastfeeding support programme based on the following two criteria:*

| | Monitoring & Evaluation | Measures if and how an employer has operationalized the strategy into Key Performance Indicators (KPIs), and the extent to which this is being measured over time. |
|---|---|---|
| **Strategy** | **Policy** | Indicates whether the programme is integrated into company policy, and the extent to which it is prioritized. |

10. Do you have indicators to measure the progress or impact of this programme?

- o Yes, KPIs are identified to measure the progress and impact of breastfeeding support programme

- o None of the above, not applicable or data unavailable.

11. If applicable, which of the following best describes the level at which you measure your programme?

o Yes, measured at **output-level** (e.g. number of workers with access to breastfeeding rooms at the workplace) and reported on regularly

o Yes, measured at **outcome-level** (e.g. number of workers participating in the programme) as per recommended standardized and validated indicators, provided data is managed by a third-party to ensure employee anonymity to employer, and reported on regularly

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*total direct employees in all workplaces (e.g. office, factories, farms, distribution unit) covered by this assessment.

o   Yes, measured at **outcome-leve**l, evaluated by 3rd party assessment with ethical approval from an Institutional Review Board (IRB) and shared externally

o   None of the above, not applicable or data unavailable

12. To what extent is your programme integrated into the workplace or organization policy?

o   Integrated into a basic policy. HR policies reviewed and adapted to accommodate breastfeeding support measures.

o   Integrated into a board approved policy, regularly refreshed. HR policies reviewed and adapted to accommodate breastfeeding support measures.

o   None of the above, not applicable or data unavailable

# GLOSSARY OF TERMS

## Nutrition Education

**Standardized nutrition education:** Standardized nutrition education is defined as a dissemination of information pertaining to nutritional health which is aligned with information generated by the relevant national ministry of health, or in the absence of this, the World Health Organization/other internationally recognized health institutions.

**Behaviour Change Communication (BCC):** Is a set of strategies that communicate, in this case, information relevant to nutritional health, with the aim of modifying the recipient's behaviour. Such strategies may involve interactive visual displays of information, tailored messaging, community and social activities, and other channels promoting positive health outcomes which are based on proven theories of behaviour change.

**Socio-Ecological Model of Behaviour Change**: This is a model of behaviour change which emphasizes the importance of the wider context that shapes human behaviours such as social, community, organizational, environmental, and policy levels of influence. In the context of the workplace this model is applied through analysing the environment of the workplace, culture, community, leadership, policies, and devising strategies that promote improved nutritional health behaviours.

**Nudging:** Nudging is a strategy used in Behaviour Change Communication to influence people's behaviour by altering their architecture of choice in such a way that healthful behaviours are prompted without forbidding any options or changing economic incentives. An example of a 'nudge' would be placing fruit and vegetables at eye-level in a cafeteria to make these more visible and attractive to employees.

## Nutrition-related Health Checks

**Body-Mass Index (BMI):** Body-Mass Index is a measure for indicating nutritional status in adults that is defined as a person's weight in kilograms divided by the square of the person's height in metres.

**Haemoglobin**: Haemoglobin is a protein found in red blood cells that carries oxygen to the body's organs and tissues, its levels are commonly measured during health checks through a blood test to assess whether these are at lower than normal levels, which may signal anaemia (a common indicator of poor nutrition and health).

**Micronutrient deficiencies**: A micronutrient deficiency is caused by an inadequate intake of a vitamin or mineral in the diet and/or infection/inflammation and several ailments that hinder the absorption and utilization of nutrients by the body. Deficiencies of some micronutrients result in specific syndromes when severe. Some of the most well-known examples include rickets (vitamin D deficiency), goitre (iodine deficiency) and scurvy (vitamin C deficiency). Less severe deficiency of many nutrients also has important health and development consequences, such as impaired brain and muscle development/functioning (e.g. iodine and iron deficiency). Micronutrient deficiency has often been termed "hidden hunger" because mild and moderate deficiency may have no visible consequences. The most well-known micronutrient deficiencies include iron, vitamin A, zinc, folate, iodine, vitamin D, but several others may also be of public health importance, such as vitamin B12 (particularly among strict vegetarians), thiamine (in populations which consume a lot of polished rice), among others.

## Healthy Food at Work

**Nutritious and safe foods**: GAIN defines "nutritious food" as "food that in the context where it is consumed and by the individual that consumes it, provides beneficial nutrients (e.g. vitamins, major and trace minerals, essential amino acids, essential fatty acids, dietary fibres) and minimizes potentially harmful elements (e.g. antinutrients, high quantities of saturated fats and sugars)". GAIN defines a "safe" food as a food that does not increase the probability of poor health outcomes when part of a broader recommended diet in the context where it is consumed. Specifically, safe food is that in which attributes derived from the value chain (pathogens, parasites, and contaminants, including agrochemicals and food chain mycotoxins) that could cause adverse health outcomes do not exceed internationally agreed thresholds.

**Nutritious and Safe meal options**: A nutritious and safe meal provides around 1/3 of daily energy requirements, a balanced intake of all macro-nutrient groups, and a range of essential micro-nutrients with minimized intake

of potentially harmful elements (antinutrients, contaminants, salt, fats, and sugars). In general, the meal ingredients should fall predominantly if not entirely within the green category in *our food and drink assessment* *checklist*.

**Nutritious and Safe Snacks:** A nutritious and safe snack provides around 1/10 of daily energy requirements, an intake of some or all macro-nutrient groups, and a range of essential micro-nutrients with minimized intake of potentially harmful elements (antinutrients, contaminants, salt, fats, and sugars). In general, the snack ingredients should fall within the green category in *our food and drink assessment* *checklist*.

**Macronutrient**: Macronutrients include carbohydrates, fats, and proteins, which are components that are found in large amounts in food and are essential for life. Carbohydrates are needed primarily as a source of energy, while fats and proteins provide both energy and substances essential for body functions such as growth, muscle development and function, and many others.

**Micronutrient**: Micronutrient is a general term that refers to all vitamins (e.g. vitamin A, B, vitamins such as folate, vitamin D) and minerals (e.g. zinc, iron) that are required in small amounts for a host of different processes in the body – including the healthy functioning of all organ systems, growth, development, and health. An essential micronutrient is one that must be obtained from the diet because the body cannot produce it or does so in quantities insufficient to meet needs.

**Subsidized costs:** Subsidized costs refer to costs relating to affordability of workforce nutrition programme components (such as meals, snacks, health checks, etc.) that are supported by the employer in order to be rendered more affordable to employees. For costs to be classified as subsidized, the employer must contribute at a minimum 10% of the total cost.

**Dedicated eating space:** A dedicated eating space is a physical space on the worksite where employees are able to sit and eat during a dedicated break. This space must abide to national food safety and hygiene standards, must be well ventilated, and accommodate for sitting and eating surfaces.

**Non-nutritious/unhealthy food:** These are food items which contain excessive levels of substances which contribute to poor health outcomes including but not limited to: anti-nutrients, pathogens, contaminants, added refined sugar, salt, oil.

# Breastfeeding Support

**Non-dedicated private breastfeeding room**: This may be a private, hygienic, ventilated space, with a comfortable sitting arrangement, on the worksite where breastfeeding employees can pump or breastfeed without being disturbed. This room may also be used for other workplace necessities and is as such not a dedicated breastfeeding room, which may cause issues with conflicting uses (hence why a dedicated breastfeeding space is preferred). A clean and cooled storage space for breastmilk must be provided.

**Dedicated breastfeeding room**: A dedicated breastfeeding space is a private, clean, hygienic, ventilated space with a comfortable sitting arrangement, on the worksite where breastfeeding employees can pump or breastfeed without being disturbed. This space is created and used solely for this purpose and is as such always available to employees for this purpose. A clean and cooled storage spacefor breastmilk must be provided.

**Dedicated breastfeeding breaks:** These are paid breaks as part of working hours of not less than 30mins that breastfeeding employees can take at their own discretion to pump or breastfeed in the dedicated breastfeeding room.

**Maternity leave:** It is a leave of absence and period of rest in relation to childbirth or adoption, which allows mothers to recuperate and learn to care for a new baby. Maternity and parental leave can be paid or unpaid, unless specified otherwise. Due to the many health and economic benefits of paid maternity leave, ILO recommends that mothers receive at least 2/3 pay while on maternity leave.

*Improved* maternity leave indicates the designated leave as per at least the 1- point designation on this scorecard (18 weeks maternity leave postpartum with at least 2/3 pay for all employees (ILO recommendation 191)) or more.

**Parental leave (*):** It is a leave of absence that allows an employee to take care of and bond with a newborn child, recently adopted child, foster child, or a child otherwise needing parental care. Parental leave is generally designed to be available regardless of medical need, and thus is distinct from, and could follow after maternity

leave. Parental leave can also, depending on the context, be called paternity, spousal or partner leave or include paternity, spousal or partner leave and be a benefit to the mother as well as the spouse or partner, depending on how it is defined in each country.

*Improved* parental leave indicates an additional 2 weeks of parental leave on top of local requirement (or more).

# Annex 3:
# Workforce Food-Provision Assessment Tool

## NUTRITIOUS FOOD CHECKLIST

This checklist supports you to answer the "Healthy Food at Work" questions on the self-assessment scorecard. The checklist is adapted to reflect foods that are locally available and commonly consumed in the Latin American, South Asian, Sub-Saharan Africa, and Western regions.

*Please download the region-specific checklist of interest, otherwise use the below Western food and drink assessment checklist.*

Hyperlinks      Latin American food and drink assessment checklist
South Asian food and drink assessment checklist
Sub-Saharan Africa food and drink assessment checklist
Western food and drink assessment checklist

## Scorecard guidance on cut-off points

| 1 point | 2 points | 3 points |
|---|---|---|
| >50% GREEN food/drink items | >60% GREEN food/drink items | >70% GREEN food/drink items |
| <20% RED food/drink items | <10% RED food/drink items | <10% RED food/drink items |

## Food and drink items classification[2]

Using available information from menus, caterer food procurement, stock from vending machines or other retail locations within the workplace, take inventory of food and drink items provided to workers and estimate procurement volumes.

Classify foods and drinks based on the following guidance and assess the percentages of GREEN, AMBER and RED items out of the estimated procurement volumes.

The focus of the assessment is on the diversity of food provided within the workplace to minimise the availability of foods and drinks that fall in the RED category proportionally to those in the GREEN category, forming the basis of a healthy diet, and thus creating a healthy food environment at the workplace.

Food safety is a prerequisite for all food and drink items provided, although not directly evaluated for the purpose of this assessment.[3]

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[2] The guidance on food and drink items classification has been elaborated by The Global Alliance for Improved Nutrition (GAIN), based on a review of different methodologies used in assessing food provision in workplaces or other institutional settings, among which is the Australian Healthy Eating Advisory Service's traffic light system.

[3] GAIN defines a "safe" food as a food that does not increase the probability of poor health outcomes when part of a broader recommended diet in the context where it is consumed. Safe food is that in which attributes derived from the value chain (pathogens, parasites and contaminants, including agrochemicals and food chain mycotoxins), which could cause adverse health outcomes, do not exceed internationally agreed thresholds, established by Codex Alimentarius standards.

| Green food items | Amber food items | Red food items |
|---|---|---|
| **Starchy foods (grains and starchy vegetables)** | | |
| • **Whole grains and their products (e.g. wholemeal breads, unsweetened wholemeal breakfast cereals/ porridges, brown rice, whole** wheat pasta, millet, sorghum, quinoa, oats, rye, maize, barley, spelt, semolina, teff)<br>• **Minimally processed plain vegan dairy alternatives** (e.g. rice/oat/quinoa drinks, yogurt and cheeses)<br>• **Plain unsweetened fortified grains and their products** (e.g. fortified wheat/maize flour, fortified breakfast cereals, fortified rice)[4]<br>• **Plain oven baked or boiled starchy roots, tubers and plantains** (e.g. sweet potatoes, potatoes, cassava, taro, yam, konjac root, plantain) | • **Refined unfortified grains and their products** (e.g. unfortified white rice, white bread/ crackers, white pasta or noodles, refined breakfast cereals)<br>• **Low sugar/sodium, low added fats and oils, high fiber, fortified grain products** (e.g. fortified breakfast cereals/porridges, fortified biscuits/crackers)[5]<br>• Frozen pre-cooked starchy roots and tubers, such as potatoes, with added salt, fats and oils<br>• **Sweetened vegan dairy alternatives** (e.g. flavoured/ chocolate drinks, flavoured/ chocolate vegan yoghurts and drinkable yoghurts, sweetened vegan cream cheese spread) | • **Dough-based sweets, such as bakery and pastry items** (e.g. biscuits, cookies, cakes, muffins, waffles, mochi)<br>• **Deep fried starchy foods such as deep-fried bread, roots, tubers, and plantains** (e.g. potato crisps and chips, plantain chips, corn chips, deep fried noodles, deep fried sweet doughs, such as donuts, sweet dumplings)<br>• **Ultra-processed vegan products** (e.g. plant-based burgers, chicken nuggets/patties, fish fingers/patties, bacon, ham, sausages, cheese slices and strings, meatballs) |
| **Fruits and vegetables** | | |
| • **Fruits (fresh or frozen)**<br>• **Vegetables and mushrooms** (fresh, frozen or dried without added salt and/or fats)<br>• **Naturally fermented, low sodium fruits and vegetables in brine** | • **Dried fruits and dried salted and/or with added fats and oils vegetable snacks**<br>• **Canned/jarred fruits and vegetables** (e.g. pickled in brine or vinegar, marinated, concentrated, preserved in syrup, preserved in oil, pastes and spreads) | • **Deep fried (battered or unbattered) fruits and vegetables** (e.g. deep-fried apples, peaches, strawberries, banana/ apple chips, deep fried artichokes, zucchini, eggplants, onions, broccoli, mushrooms, onion crisps and chips) |
| **Pulses, nuts and seeds** | | |
| • **Fresh, dry or frozen pulses and legumes (all bean varieties, chickpeas, lentils, soybeans, peas, etc.)**<br>• **Natural chickpea hummus**<br>• **Plain nuts and seeds (unsalted, unsweetened and without added fats or oils)**<br>• **Natural nut and seed butters, unsweetened, unsalted and without added fats or oils** (e.g. tahini, almond/cashew/ peanut/ hazelnut butter)<br>• **Plain pulse and nut flours and their products** | • **Nuts and seeds that are salted, sugared and/or with added fats or oils**<br>• **Sweetened vegan dairy alternatives** (e.g. flavoured/chocolate drinks, flavoured/chocolate vegan yoghurts and drinkable yoghurts, sweetened vegan cream cheese spread)<br>• **Canned/jarred pulses and legumes** in brine<br>• **Nut and seed butters** that are salted, sugared and/or with added fats and oils. | • **Deep fried plant-based items** (e.g. deep-fried tofu/tempeh, deep fried plant-based cheeses, deep fried falafels)<br>• **Ultra-processed vegan products** (e.g. plant-based burgers, chicken nuggets/ patties, fish fingers/patties, bacon, ham, sausages, cheese slices and strings, meatballs) |

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[4] The term "food fortification" refers to the practice of adding one or more essential nutrients (e.g. iron, folic acid, calcium, vitamin A) to a widely consumed food.
[5] Ibid

| | | |
|---|---|---|
| (lentil/chickpea/pea/ soybean flours, breads, pasta/noodles, almond/coconut flours, breads, etc.) <br>● **Plain tofu and tempeh** <br>● **Minimally processed plain vegan dairy alternatives** (e.g. soy/almond/cashew/coconut drinks, yoghurt and cheeses) | ● **Sweet hummus and other sweet pulse spreads** (e.g. sweetened red/black/mung bean paste) | |

| Meat and fish | | |
|---|---|---|
| ● **Fresh or frozen lean meat** (e.g. chicken/turkey breast, rabbit, game meat, lean cuts of beef/lamb/pork/horse/ camel/deer) <br>● **Fresh or frozen organ meats** (e.g. liver, kidney, stomach, tripe/intestines, heart, lungs, brain, blood, tongue) <br>● **Fresh/frozen fish (freshwater or marine water fish)** <br>● **Fresh or frozen shellfish** (e.g. crustaceans such as shrimp, lobster, crab, crayfish; and mollusks such as clams, scallops, mussels) <br>● **Low-sodium small dried fish** <br>● **Natural canned fish and shellfish in brine or oil** (e.g. tuna, salmon, octopus, sardines, herring, mackerel, shrimp) | ● **Minimally processed fatty cuts of meats such as beef, pork, lamb, chicken** (e.g. pork belly, chicken thighs and wings) <br>● **Natural canned meat in brine or oil** (e.g. beef, pork, chicken, turkey) <br>● **Smoked and/or dried fish with added salt and spices** (e.g. smoked salmon/tuna/ trout, salted dried codfish/ mackerel) | ● **Highly processed meats, fish and shellfish** (e.g. salted, seasoned, smoked and/or dried meats such as cooked ham, prosciutto, bacon, chicken/turkey breast, meatloaf, salami, sausages, pastrami, salted, seasoned, meat/fish spreads and pastes, surimi, fish fingers/balls/patties, meatballs) <br>● **Deep fried battered or unbattered meat, fish and shellfish** (e.g. deep-fried chicken or turkey breast/nuggets/ wings/tenders/ patties, deep fried pork, beef, lamb, deep fried cod, catfish, halibut, seabass, trout, deep fried shrimps/mussels, deep fried tuna chops, deep fried meat/fish-balls or patties) |

| Eggs, milk, and dairy | | |
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| ● **Eggs** <br>● **Unsweetened milk and dairy products** (e.g. milk, plain evaporated/powdered milk, yoghurt, kefir, kumis, sour and fermented milk, buttermilk low sodium and low fat cheese such as quark, Skyr, ricotta, cottage cheese, Swiss cheese) | ● **Sweetened dairy products** (e.g. flavoured/chocolate milk, sweetened condensed milk, flavoured/chocolate yoghurts and drinkable yoghurts, sweetened cream cheese spread) <br>● **High sodium and/or fat dairy products** (e.g. mascarpone, cream, cream cheese, crème fraiche, sour cream, paneer, khoa, stilton, brie, camembert, goat's cheese hard cheeses such as cheddar, parmesan) <br>● Yoghurt-based preparations that are salted and/or with added fats and oils (e.g. labnah, tzatziki, raita) | ● **Deep fried eggs, dairy products and dairy based sweets** (e.g. deep fried battered cheese sticks/ balls, fried curd, fried mozzarella, fried ice-cream) <br>● **Highly processed dairy products** (e.g. American cheese slices, cheddar cheese slices, nacho cheese, cheese spreads, cheese strings) <br>● **Dairy based sweets** (e.g. custards, puddings, ice- cream, milkshakes, dairy snacks, milk/cheese sweet/ syrupy balls, patties or dumplings such as pedha, guija, rasogolia, dulcede leche, frozen yoghurt) |

| Fats and oils | | |
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| ● **Extra virgin olive oil** | ● **Animal fats and oils** (e.g. lards, tallows, butter, fish oils) <br>● **Other vegetable fats and oils** (e.g. sunflower oil, rapeseed/canola oil, coconut oil/butter, palm oil, groundnut oil, soybean oil, avocado oil, sesame | ● **Hydrogenated fats** (e.g. margarine, vegan butter) |

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| | oil, linseed oil, corn oil, grapeseed oil, cocoa butter, cottonseed oil, peanut oil)<br>● **Fortified vegetable oils** (e.g. fortification with vitamin A, D, E) | |

| Condiments | | |
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| ● **Plain unsweetened vinegar** (e.g. white/apple cider/rice/ balsamic vinegar)<br>● **Fresh or dried herbs and spices** (e.g. oregano, parsley, coriander, pepper, chili pepper, ginger, turmeric, cinnamon)<br>● **Lemon juice**<br>● **Plain vinaigrette**<br>● **Plain low-sodium tomato sauce**<br>● **Plain salsa** | ● **Salt**<br>● **Low salt, low sugar natural tomato ketchup and mayonnaise**<br>● **Plain soy sauce**<br>● **Chutneys**<br>● **Plain tabasco/other types of chili sauces**<br>● **Higher sodium tomato and pesto sauce**<br>● **Mustard** | ● **Highly processed sauces** (e.g. cream- based salad dressings, ranch/barbecue/ teriyaki/buffalo sauce, pancake syrup, nacho cheese sauce) |

| Sweeteners and confectionary | | |
|---|---|---|
| | ● **70% dark chocolate or higher**<br>● **100% fruit or low sugar**<br>● **jams/marmalades** | ● **Sugars and sweeteners** (e.g. refined/brown sugar, jaggery/palm sugar, coconut sugar, honey, maple/agave/corn syrup, molasses, stevia, artificial sweeteners)<br>● **Confectionary** (e.g. rock/gummy candy, fruit jellies, nougats, caramel, lollipops, snack/sweet bars, dessert sauces and toppings, milk/white chocolate, pralines, chocolate spreads, candied/chocolate-coated fruits and nuts, toffees) |

| Beverages | | |
|---|---|---|
| ● **Unlimited clean and safe water**[6]<br>● **100% vegetable juices/purees, without fruit juice or with minimal fruit juice added**<br>● **Plain, unsweetened tea, herbal tea/infusions, coffee, ginseng/barley coffee, cocoa** | ● **100% fruit juices/purees or fruit and vegetable juices/purees or low sugar fruit and vegetable juices, smoothies, concentrates**<br>● **Minimally sweetened tea, herbal tea/infusions, coffee, ginseng/barley coffee, cocoa** | ● **Sugary and/or carbonated beverages** (e.g. soft drinks such as cola-type drinks and fruit-flavoured soft drinks, sports/functional drinks, high sugar fruit juices/concentrates)<br>● Alcoholic drinks (e.g. wine, beer, liquors, spirits, cocktails, punch, sangria, fermented fruit drinks) |

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[6] Wherever possible, GAIN promotes the consumption of clean and safe tap water, which is not to be included in the estimation of procurement volumes.